

Commission for Health Advocacy and Equity Strategic Planning Retreat 6/3/2015

The Commission for Health Advocacy and Equity retreat was called together at 9:00 am. Marti Rosenberg, from The Providence Plan, was the facilitator for the day's retreat. The following are the notes and action steps from the meeting.

What has been going well with commission?

Participation + our initiatives
Diversity of group – different backgrounds
Our founding legislation, that gives us the ability to make change
Respect
Passion
Support of health
Good leadership
We play well together
Communication
General consensus regarding importance of work
The first annual Commission Report

What have our challenges been?

Involvement of community leaders and elected officials
Engagement of state leaders
Participation – lack of quorum
Clear understanding of our power/limitations
We have a massive charge - therefore it's hard to prioritize goals and objectives
Turning recommendations → into actions
Deciding where we are going/what are we doing next?
Lack of answers to solve problems
How long it takes to get things done
Engagement of ex officios/state departments/uncertain role of ex-officios
Scarce financial resources
The need to clarify next steps
Sustainability
&Lack of acceptance
Lack of internal policies
Lack of branding
Lack of visibility
Lack of visible partners
Need to look at root causes
We are all volunteers
Inability to connect our work with others

What would you want to change about the Commission's work?

Expand knowledge base of all members
Commission definition of terms
Clear goals and objectives
Create an action plan
The Commission needs access to better data
Determine a role for ex-officios
Need to obtain human resources/ financial resources
Set a firm timeline for action
Create a system of accountability
Clarify of our position within DOH
Make our report a common goal
Ensure full engagement and commitment from our members
Draft legislation – fulfill that part of our legislative charge
Create stronger visible partnerships
Deal with our internal needs - get our house in order
Consider a bylaws change to clarify attendees and alternates, and have alternatives participate more
Hold annual retreats/strategic meetings

Our Vision: What will success look like in 3 years?

We will cancel no meetings
We will have defined health equity and made strides toward achieving it
We will have achieved measurable benchmarks toward goals with hard data
Our ex officios will be engaged and active
State agencies will all understand health equity and social determinants of health
We will have full visibility and vibrant communication strategies, including an accessible website. Our members will be able to educator others, within strategic efforts
We will bring recommendations to the legislature
We will implement Health in all Policies with the Governor and her cabinet
We will secure funding for the commission
We will put an orientation policy in place and in practice
We will create a commission archive file
We will have full-time designated staffing
We will have written a 2017 report
We will have 15 legislative champions
We will be working with SIM, especially on securing and sharing data
We will have a complete workplan that collects all of the Commission responsibilities in one place
We will have prioritize our workplan, focusing our work on the recommendations outlined in the most recent report and pulling our tactics from our purpose and powers language.

Group Reaction:

When we refer to “our community” who do we mean?

State agencies

Legislators

Non-profits

Public/ private education institutions

Media

Neighborhoods

Providers

When we talk about our work with these communities, we are focused on both communicating the problems we see and the solutions we propose and the resources this will take.

As part of our “house in order” we also want to formalize our mission, vision and values – but decided not to address that in the retreat right then.

In response to the question “Do we want to reduce differences in health disparities or create health equity in Rhode Island?” the answer was: both, and Commissioners want to be specific about when they are doing either of those.

Accountability and Attendance –

The Commission members in attendance agreed to the following:

They will understand that membership in a legislative commission is bound by legal attendance requirements and by the Open Meetings Law, and thus, they will commit to the time and date of this year’s meetings and follow the bylaws. This means that if a commission member misses 3 meetings, they will be asked to leave the Commission. They will recruit an alternate member who will attend if they cannot, and will engage that alternate throughout the year so that they are prepared to act in the commission member’s stead.

They will give staff early notice if they cannot attend a meeting.

They will participate in an audit of Commission human resources.

New members will be asked to participate in an orientation.

They will each participate in a sub-committee, where most of the Commission’s work will take place.

Commission leaders will send timely reminders of meetings and activities, to maximize participation.

Workplan: The Commissioners in attendance agreed upon the following workplan for our work over the next 3 years:

- 1) Definition of Terms – Before the Commission can accomplish anything else, all members need to come to a common understanding of the terms we use the

most, including health disparities, health equity, etc. We will be able to use these terms in future reports, policy briefs, etc. – and we will ensure that Commission members can train on these definitions as well.

- a. The Data Sub-Committee will own this task.
- b. They will send a completed draft to the full Commission by 7/8
- c. The Commission will affirm these definitions at the July meeting – 7/15/2015

- 2) The Commission will prioritize the following Issue Priorities, that stem from the 2015 Report to the Legislature:
 - A. The Commission will integrate its work with the State Innovation Model (SIM) project, to ensure that equity and disparities issues are part of the SIM process and that the Commission’s significant data needs are addressed. (Quarter 1)
 1. The Policy Sub-Committee has begun to reach out to SIM and will continue
 2. There may be resources from SIM for the Commission to use – and the Policy Sub-Committee will explore this.
 - B. The Commission will pursue a “Health in all Policies” agenda for the Administration (Governor’s Cabinet), led by the Policy Sub-Committee. (Quarter 1 & 2)
 1. The Policy Sub-Committee will create a policy brief for the administration, as well as a Health Equity 101 training for agencies.
 2. This will be a vehicle to engage Ex Officio members of the Commission, working with them to address Health in all Policies in their agencies.
 3. The Commission will seek a meeting with the Governor to begin this work.
 - C. The Commission will build relationships with legislators and other community members.
 1. Commission members, led by the Policy Sub-Committee, will develop 15 Legislative Champions over the next 3 years.
 - D. The Commission will create more formal policies and procedures, including the attendance policy referenced above, language addressing the Commission’s working relationship with HEALTH, and mission, vision, and values.
 - E. The Commission will write the Health Equity Plan referenced as a requirement in the Commission legislation.
 1. The Policy and Community Outreach Sub-Committees will create a planning process in June.
 2. They will write the Plan in July and August.
 3. They will present the plan throughout the community in September, or when it is complete.

4. The Plan will include components of the 2015 Report, plus a focus on behavioral health and other areas that might not have been reflected in the report.
 - F. The Commission will engage in reflective thinking, evaluating its accomplishments as it works.
- 3) Branding – In 2015, Commission members want to focus on short-term issues, like creating a brand look for commission materials, and then on longer term issues, like getting known in the community as a resource around health equity issues.
- a. To address this work, the Commission created an ad hoc sub-committee, which will work with the Outreach Sub-Committee. Members are Kavita/Michael/Georgina
 - b. The sub-committee's first tasks are to address internal communications, complete a branding audit, and do some planning around a Commission web presence.

NEXT STEPS – Other tasks to consider

The Commission pulled out the following action steps as the key tasks to begin right away:

Elevate alternate position (assign alternate with full participation at all meetings)
 Consider a meeting time change, to make the meeting more accessible (Perhaps change to 1 hour)
 Create our Definitions, as noted above
 Begin the overall Plan, as noted above
 Get on SIM committee
 Begin the Policy Brief (with definition of terms), as noted above
 Recruit Data Co-chair
 Send out agendas in advance of sub-committee meetings
 Create a Commission Calendar for the year
 Connect with the Department of Administration Equity Meeting attendees and look to combine this work if possible
 Catalogue Commission members' relationships with different state agencies and representatives

Finally, Commission Members made specific commitments to the work they would do to meet the goals laid out above.

Meeting Adjourned at 2:30.

